

## **Kentucky Board of Chiropractic Examiners Continuing Education Application**

**\*Complete the application in its entirety. All required information and documents must be included. Failure to do so will result in a delay in processing the application and possible denial of the course.**

**\*Applications must be received 60 days prior to the date the course is to take place.**

**\* Kentucky law allows for a maximum of 8 hours of continuing education to be obtained per day.**

**\*A Course Outline/Syllabus must be included with this application.**

**\*A CV for each course instructor must be included with this application.**

**\*Each course must have an objective for the entire course or an objective for each section taught by each instructor.**

**\*No CE credit can be given for Philosophy or Practice Building per KY law.**

**\*PACE certified entities applying for online CE credits MUST apply through PACE.**

**\*All fees are non-refundable.**

**-Live Events Only** -A minimum fee of \$25.00 for a live one-time event of 16 hours or less. Any event over 16 hours will be \$2.00 per requested credit hour with a maximum fee of \$100.00. For events with multiple dates and locations there will be an additional \$25.00 fee.

**-Online Events Only**- A minimum fee of \$25.00 for a live one-time event or recorded event of 16 hours or less. Any event over 16 hours will be \$2.00 per requested credit hour with a maximum fee of \$100.00. The online event will remain approved for 1 calendar year.

**-Live Event That Will Also Be Recorded To Be Used As Online CE** – A minimum \$50.00 for an event of 16 hours or less. Any event over 16 hours will be \$2.00 per requested credit hour with a maximum fee of \$100.00. The online event will remain approved for 1 calendar year.

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Course Title \_\_\_\_\_

Organization or School Presenting the Course \_\_\_\_\_

Name of Cosponsor if Applicable \_\_\_\_\_

Contact information of the person filling out this application:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

For Live Events- Date(s) and Location(s) \_\_\_\_\_

For Online Events – Please choose a date that you want credit for the course to begin once approved.

\_\_\_\_\_ - 60 days from when the application was received by the Board

\_\_\_\_\_ - Choose a Date - (no earlier than 60 days from when the application was received)

Exact Hours the Course will be offered \_\_\_\_\_

Total Hours Requested \_\_\_\_\_

Total Hours Requested For Each Day \_\_\_\_\_

Maximum Hours Doctor Can Attain/ Day \_\_\_\_\_

Maximum Hours Doctor Can Attain/Course \_\_\_\_\_

Name(s) of Instructor(s)-- \*CV Must Be Attached for Each Instructor (1<sup>st</sup> 2 pages of CV is sufficient)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the name of the attendance officer, method of certifying/assuring attendance, and who maintains the attendance records.

\_\_\_\_\_

I hereby certify that the information included in this application is correct and nothing has been omitted.  
I also certify that all required enclosures have been included.

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_